



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4812 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

PEDRO NOSNIK MD PA
4100 W 15TH STREET SUITE 218
PLANO TX 75093

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name

TEXAS BUILDERS INSURANCE CO

Carrier's Austin Representative Box

Box Number 01

MFDR Tracking Number

M4-10-4211-01

MFDR Date Received

MAY 28, 2010

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary as stated on the Table of Disputed Services: "NO EOB letter from Corvel dated 10/3200 requesting License in box 31. sent as a reconsideration with License 2nd denial states timely filing I have attached the timely filing EOB. "

Amount in Dispute: \$540.47

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Carrier's position is that a properly completed medical bill was not submitted within 95 days of the date of service, and in fact, has to date, never been submitted. Carrier properly returned the bill to the Provider for completion; however, the Provider elected to resubmit the incomplete bill as a 'Request for Reconsideration'."

Response Submitted by: Parker & Associates, LLC, 7600 Chevy Chase Dr. , Ste. 350, Austin, TX 78752

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 10, 2009	Intra Operative Monitoring	\$540.47	\$540.47

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §102.4 sets out the rules for non-Commission communications.

4. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
5. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 29 – Time Limit for Filing Claim/Bill has Expired

Issues

1. What is the timely filing deadline applicable to the medical bills for the services in dispute?
2. Did the requestor forfeit the right to reimbursement for the services in dispute?
3. Is the requestor due reimbursement?

Findings

1. 28 Texas Administrative Code §133.20(b) states, in pertinent part, that, except as provided in Texas Labor Code §408.0272, “a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.” Review of the medical bill submitted by the insurance carrier finds that the bill was received on September 4, 2009. On October 13, 2009 the insurance carrier returned the bill stating “Need license MD in box 31. – the NIP # listed in for Novakov Phd.” According to the Clean Claim and Electronic Medical Billing and Payment Companion Guides (Version 2.0) updated January 7, 2008 the description for box 31 of the CMS-1500 is “Signature of Physician or Supplier, including degrees or credentials, and date.” The CMS-1500 submitted to the carrier finds that the information supplied in box 31 is, Georgi Navakov PHD, CNIM10; therefore, the information provided in box 31 is correct and a license number is not part of the information needed in that particular box.
2. Texas Labor Code §408.027(a) states, in pertinent part, that “Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment.” 28 Texas Administrative Code §102.4(h) states that “Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday.” Review of the information submitted finds the documentation supports that a medical bill was submitted within 95 days from the date the services. Therefore, pursuant to Texas Labor Code §408.027(a), the requestor in this medical fee dispute is due reimbursement as the bill was submitted timely for the services in dispute.
3. Per 28 Texas Administrative Code §134.203(b)(1) for coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules. Review of the documentation submitted by the requestor finds that the treatment rendered to the injured employee meets the requirements of §134.203(b)(1).

The requestor states on the Table of Dispute Services that “Reductions exceeded 125% Medicare.” However, in accordance with 28 Texas Administrative Code §134.203(c) which states, in pertinent part, “To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications: (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83... (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year. The following hypothetical example illustrates this annual adjustment activity if the Division had been using this MEI annual percentage adjustment: The 2006 Division conversion factor of \$50.83 (with the exception of surgery) would have been multiplied by the 2007 MEI annual percentage increase of 2.1 percent, resulting in the \$51.90 (with the exception of surgery) Division conversion factor in 2007.” The MAR for the payable services may be calculated by (2009 TDI-DWC MEDICARE CONVERSION FACTOR) x Facility Price = MAR.

- CPT Code 95920-TC-59 – $(53.68 \div 36.0666) \times \$42.88 \times 1 \text{ unit} = \63.82 . The requestor is seeking \$57.20.
- CPT Code 95925-TC – $(53.68 \div 36.0666) \times \$89.05 \times 1 \text{ unit} = \132.54 . The requestor is seeking \$118.37.

- CPT Code 95926-TC – $(53.68 \div 36.0666) \times \$87.24 \times 1 \text{ unit} = \129.84 . The requestor is seeking \$115.98.
- CPT Code 95934-TC – $(53.68 \div 36.0666) \times \$21.74 \times 2 \text{ units} = \64.72 . The requestor is seeking \$28.93
- CPT Code 95937-TC – $(53.68 \div 36.0666) \times \$22.46 \times 1 \text{ unit} = \33.43 . The requestor is seeking \$29.88.
- CPT Code 95861-TC – $(53.68 \div 36.0666) \times \$38.87 \times 1 \text{ unit} = \57.85 . The requestor is seeking \$51.82
- CPT Code 95936-TC – $(53.68 \div 36.0666) \times \$14.16 \times 2 \text{ units} = \42.16 . The requestor is seeking \$20.72.
- CPT Code 95955-TC-59 – $(53.68 \div 36.0666) \times 88.04 \times 1 \text{ unit} = \131.04 . The requestor is seeking \$117.57.

Conclusion

For the reasons stated above, the division finds that the requestor has established that reimbursement is due. As a result, the amount ordered is \$540.47.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby **ORDERS** the respondent to remit to the requestor the amount of \$540.47 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

May 23, 2013
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a *certificate of service demonstrating that the request has been sent to the other party.***

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.